


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000001915
 1. Entity Name
 TRANSATLANTIC LINES TUGHOLDINGS INC.



Principal Place of Business Mailing Address
 6 LINCOLN AVENUE 6 LINCOLN AVENUE
 GREENWICH, CT 06830 GREENWICH, CT 06830

DO NOT WRITE IN THIS SPACE



03012007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0897167	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ROSE, BRANDON C 6 LINCOLN AVENUE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KJAERNESTED, GUDMUNDUR 6 LINCOLN AVENUE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOZZI, MARGARET E 6 LINCOLN AVENUE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSE, DOUGLAS F JR. 6 LINCOLN AVENUE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/22/07-60054-008 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gudmundur Kjaersted* 3/1/07 203 625 5514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #